

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-28-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes: 64499, E1399 and 99213.

### II. FINDINGS & RATIONALE

The requestor contends they do not have a PPO contract with respondent; therefore, the reductions in payment based upon "C" were inappropriate. Services denied with "C" will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-12-02 6-12-02 10-12-02	E1399	\$100.00 \$103.00 \$103.00	\$80.00 \$82.40 \$66.95	C C C	DOP	General Instructions GR (III)	Since contract did not exist, and amount billed was not disputed. Additional reimbursement of $\$20.00 + \$20.60 + \$36.05 = \$76.65$ is recommended.
8-22-02 10-1-02 10-18-02	99213	\$73.00	\$0.00 \$38.40 \$38.40	C	\$48.00	Section 408.027(d)	Since contract did not exist, MAR reimbursement of $\$48.00 + \$9.60 + \$9.60 = \$67.20$ is recommended.
10-9-02 1-24-03	64999	\$255.00	\$165.75 \$216.75	C M	DOP	General Instructions GR (III) Rule 133.307(g)(3)(D)	Requestor supported position that amount billed was fair and reasonable, reimbursement of $\$89.25 + \$38.25 = \$127.50$ .
TOTAL							The requestor is entitled to reimbursement of <b>\$271.35</b> .

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes (64999, E1399 and 99213) in the amount of **\$271.35**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$271.35** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 2<sup>nd</sup> day of February 2005.

Elizabeth Pickle

Medical Dispute Resolution Officer

Medical Review Division